

# CRAFT LICENSE HOLDERS APPLICATION

\_\_\_New \_\_\_Renewal

Craft License # \_\_\_\_\_

Type of License: \_\_\_Electrical \_\_\_HVAC \_\_\_Wrecking

\_\_\_\_\_  
NAME OF LICENSE HOLDER

1. \_\_\_\_\_  
BUSINESS ADDRESS

1. \_\_\_\_\_  
CITY/STATE/ZIP CODE

2. \_\_\_\_\_  
HOME ADDRESS

2. \_\_\_\_\_  
CITY/STATE/ZIP CODE

\_\_\_\_\_  
BUSINESS NUMBER

\_\_\_\_\_  
FAX NUMBER

\_\_\_\_\_  
HOME NUMBER

\_\_\_\_\_  
INTERNET ADDRESS

This application must be signed and dated. Signature indicates the information is complete and accurate. Contractors are responsible for maintaining current license information, in addition to submitting proof of current general liability coverage, workman's compensation coverage if applicable, and surety bond coverage before performing any work in the Consolidated City of Indianapolis.

\_\_\_\_\_  
SIGNATURE OF LICENSE HOLDER

\_\_\_\_\_  
DATE

FOR OFFICE USE ONLY

\_\_\_\_\_  
LICENSE #

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROCESSED BY

DIVISION OF COMPLIANCE  
1200 MADISON AVE  
SUITE 100  
INDIANAPOLIS, INDIANA 46225  
PHONE (317) 327-1291  
[www.indygov.org/dmd](http://www.indygov.org/dmd)